AVIVA
Life Insurance

Auto Pay Debit Mandate Form for NACH

DECLARATION

I/We wish to avail the Direct Debit facility and hereby express my unconditional consent to the Company and its authorized service providers to debit premium of my policy referred to below through participation in Automated Clearing House (NACH).

I/We take full responsibility of the genuineness and correctness of the details filled in the below mandate and I may be contacted by the Company or its authorized service providers to verify the below information. In case of incorrect/incomplete information, the registration will not be initiated.

I/We will ensure sufficient balance in the account on the date of execution of the debit request and will bear the bounce charges for transactions that have been unsuccessful due to any reason. If the transaction is delayed or not effected at all for incomplete or incorrect information or for any other reason, I/We shall not hold the Company responsible and I shall be liable for the late payment charges and other consequences as maybe enforced by the Company as per the terms and conditions of the policy contract.

I understand that the premium will be debited on the due date of the policy. If the due date falls on a holiday, the premium would be debited on the next working day.

I understand that the premium amount to be debited may vary due to applicable taxes and other statutory levies as may be applica - ble from time to time.

Note: Please fill the mandate amount with an additional 5% to accommodate any increase in premium due to changes in applicable taxes. Your account will be debited only with the premium due for your policy even if the mandate is given for a higher amount.

AVIVA

UMRN | **Date**

Utility Code Y E S B 0 0 2 4 1 0 0 0 0 0 7 7 8 5

☑ Create ☒ Modify ☒ Cancel

Sponsor Bank Code K K B K 0 R T G S M I

I/We authorize AVIVA LIFE INSURANCE COMPANY INDIA LTD.

To debit (tick) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ OTHER **Bank a/c no.**

With Bank Name of the Bank **IFSC/MICR**

an amount of Rupees ₹

Debit Type ☑ Maximum Amount ☒ Fixed Amount **Frequency** ☒ Quarterly ☒ Daily ☒ Half-Yearly ☒ Weekly ☒ Annually ☒ Bi-Monthly ☑ As & When ☒ Monthly

Reference 1 **Reference 2**

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per the latest schedule of the charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. 3. I am authorizing the user entity/corporate to debit the account based on the instructions as agreed and signed by me. 4. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendement request to the user entity/corporate or the bank where I have authorized the debit. 5. I/We understand and accept that in case transactions initiated against this mandate(within valid period of mandate) is/are rejected due to insufficient funds or such other reasons as permitted under applicable law, action may be taken against me/us under applicable law(including Negotiable Instruments Act).

Maximum period of validity of this mandate is 40 years.

From

To

Signature of account holder | Signature of account holder | Signature of account holder

1. Name as in bank records | 2. Name as in bank records | 3 Name as in bank records